	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		FOR LIN (check or	E NUMBE			PAGE 27/33		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b	
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$\rangle$	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)									
۹.	Full Name (Last, First, Middle Initial)  Democratic Congressional Campaign Committee				Date	Transaction ID: 5886240705294456540  Date of Disbursement    M				
	Mailing Address 430 South Capitol Street Southeast 2nd Floor				0 <sup>M</sup> 5		3 0	200	7	
		State Zip Code DC 20003			Amou	ınt of Each	n Disburse			
	Purpose of Disbursement 2007 Contribution				L.			5000	0.00	
	Candidate Name			egory/ ype						
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)								
3.	Full Name (Last, First, Middle Initial)  Democratic Senatorial Campaign Committee					Transaction ID: 8717970705294459050 Date of Disbursement    M 5   M				
	Mailing Address 120 Maryland Avenue Northeast				0 <sup>M</sup> 5					
	,	State Zip Code DC 20002			Amou	ınt of Each	n Disburse			
	Purpose of Disbursement 2007 Contribution				L.			5000	0.00	
	Candidate Name			egory/ ype						
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)								
Э.	Full Name (Last, First, Middle Initial) Dnc Services Corporation/Democratic National Committee					saction ID of Disburs		3070529	94462249	
	Mailing Address 430 South Capitol Street Southeast				0 <sup>M</sup> 5	M / D	3 0 /	žoč	7	
	,	State Zip Code DC 20003			Amou	ınt of Each	n Disburse	ement this	s Period	
	Purpose of Disbursement 2007 Contribution				<u>L.</u>	0 0		5000	0.00	
	Candidate Name			egory/ ype						
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)										
TOTAL This Period (last page this line number only)										